

**APPLICATION FOR APPROVAL OF
ALTERNATIVE TRAINING COURSE
FOR MONTANA CONTINUING EDUCATION CREDIT
Form IND-5-ALT**

ATTENTION: This application should be completed thoroughly using the instructions that follow. Please complete the form on a typewriter, computer, or print legibly. Make sure all required information is included in the application. If the application is not complete, it will be sent back. Mail the completed form to:

WATER/WASTEWATER OPERATOR CERTIFICATION
DEPARTMENT OF ENVIRONMENTAL QUALITY
P.O. BOX 200901
HELENA, MT 59620-0901

1. NAME OF TRAINING COURSE: _____

2. TRAINING PROVIDER:

(a) **Organization Name:** _____

(b) **Contact Person:** _____

(c) **Mailing Address:** _____

(d) **Phone Number:** _____

(e) **Email Address:** _____

3. TYPE OF ALTERNATIVE TRAINING:

- ☐ a. Correspondence Course
☐ b. CD-ROM Training
☐ c. On-line Internet Training

- ☐ d. Video Based Training
☐ e. Other: _____

4. PLEASE ATTACH ALL OF THE FOLLOWING FOR THE TRAINING PRODUCT:

- ☐ a. Table of Contents
☐ b. Brief Summary of the Training Product

5. LIST A MINIMUM OF THREE PEOPLE OF VARYING BACKGROUNDS ALONG WITH A SUMMARY OF THEIR CREDENTIALS, WHO HAVE REVIEWED THE PRODUCT. (ATTACH EXTRA SHEETS IF NEEDED):

1) Name: _____

Credentials: _____

2) Name: _____

Credentials: _____

3) Name: _____

Credentials: _____

6. SPECIFY THE NUMBER OF CONTACT HOURS FOR THE COURSE: _____

7. HOW ARE CONTACT HOURS TRACKED?

(a) How does it track the person registered? _____

(b) How long did it take each person to complete the course? 1) _____

2) _____

3) _____

8. WHAT ARE THE SECURITY PROCEDURES?

(a) Is there a person registered who will proctor the student taking the course? _____

(b) Is there an automated way for this to be tracked? _____

If so, how? _____

9. WHAT ARE THE MONITORING PROCEDURES?

(a) Who will track the CECs? _____

(b) How will this tracking be done? _____

10. WHAT ARE THE TESTING PROCEDURES?

(a) What are the testing procedures? _____

(b) Are there any time limits? _____

(c) Are there any retake limits? _____

(d) Is the course proctored? _____

(e) Where is the test taken? _____

(f) Can quizzes be taken before training is complete? _____

11. QUALIFICATIONS OF TRAINING DESIGNERS:

**** See instructions for further detail.**

Please attach this information to back of application.

12. DESCRIPTION OF OTHER RESOURCES AVAILABLE: _____

13. HAVE OTHER STATES APPROVED THIS COURSE?

☐ Yes--please attach additional information outlined in the instructions

☐ No

14. ALTERNATIVE TRAINING COURSE FEE? _____

15. PRE-REQUISITES REQUIRED FOR TAKING THIS COURSE: _____

Hardware required: _____

Experience needed: _____

Education needed: _____

16. PLEASE CHECK ALL APPROPRIATE TYPES OF OPERATORS THAT COURSE WILL BE APPLICABLE. (Inform Operators at registration which types of certifications will receive CEC's).

☐ a. Water Distribution Operators

☐ d. Wastewater Treatment Plant Operators

☐ b. Water Treatment Operators

☐ e. Wastewater Lagoon Operators

☐ c. Well Water Supply Operators

☐ f. All Levels of Certified Operators

17. IS THIS A DUAL CEC COURSE?

☐ a. Yes, If so why _____

☐ b. No

18. PERSON AUTHORIZED TO MONITOR AND VERIFY ATTENDANCE OR COURSE COMPLETION:

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature: _____

Daytime Phone Number: _____ **E-Mail Address:** _____

****If any changes occur on the course, it is the authorized person's responsibility to inform the Department of Environmental Quality.**

INSTRUCTIONS TO COMPLETE APPLICATION FOR APPROVAL OF ALTERNATIVE TRAINING COURSE GUIDELINES

Please use the following instructions to help you complete the Application for Approval of Alternative Training Products. If the information on the application form is not complete, it will be returned to you for completion. The information on this form will be used to determine whether your alternative training product will be approved for continuing education credits (CECs) for Montana water and/or wastewater operators. Depending on the completeness of the information received, one copy of the product may need to be available for an additional detailed review before the approval process is complete. If you have questions while completing this form, please contact Ashley Eichhorn, CEC Coordinator at 406-444-4584.

Please Note: Each number of the instructions below corresponds to each number on the application for ease of completion.

1. Enter the title of Alternative Training Course for which you are seeking approval.
2. Fill in the following requested information:
 - a. Organization Name: name of the organization that developed the course
 - b. Contact Person: name of the person who represents the organization listed in a. above. If there are more than one contact people, please list all on separate sheet of paper
 - c. Mailing Address: mailing address of the contact person(s) listed in b. above
 - d. Phone Number: daytime phone number of the contact person(s) listed in b. above
 - e. E-mail Address: e-mail address of contact person(s) listed in b. above
3. Type of Alternative Training: Mark the type you are offering:
 - a. Correspondence Course: course that requires the purchase or acquisition of a printed manual as well as registering with the training organization. Exam(s) are submitted to the training organization for grading. A certificate or some other type of documentation, to prove completion, is issued upon finishing the course.
 - b. CD-ROM Training: training which requires the purchase or acquiring of a CD-ROM to install the training program on the operator's computer. Tracking, as outlined in the CEC Tracking (7), Security Procedures (8), and Monitoring Procedures (9) sections of this application form, must be part of the CD-ROM program. A certificate or some type of documentation, to prove completion, must be issued upon completion of entire program.
 - c. On-line Internet Training: training that requires registering on the Internet to access the program on the operator's computer. Tracking, as outlined in the CEC Tracking (7), Security Procedures (8), and Monitoring Procedures (9) sections of this application form, must be part of the CD-ROM program. A certificate or some other type of documentation, to prove completion, must be issued upon finishing the course.
 - d. Video-based Training: program that requires the purchase or acquiring of a videocassette but may also include other training materials. Tracking, as outlined in the CEC Tracking (7), Security Procedures (8), and Monitoring Procedures (9) sections of this application form, must be part of the CD-ROM program. A certificate or some type of

documentation, to prove completion, must be issued upon completion of entire training program.

- e. Other: any other type of training that is not covered above and is not classroom style training (for classroom-style training refer to “Application for Approval of Individual Training Courses”). Be very specific as to the type of training.
4. Attach a Table of Contents and Brief Summary of the Training Product the application:
 - a. Table of Contents: an itemized listing of all sections of the training product
 - b. Brief Summary: a detailed description of the training product, including why it is appropriate for water operators, wastewater operators, or both
5. List the names and summary of credentials of a minimum of three people of varying backgrounds who have completed the product, tracking the time it took. The times of these people are then averaged to determine the number of contact hours calculated in the following question.
6. Number of contact hours: For classroom-style training, it is defined as sixty-minute participation in an approved classroom program. Using the time tracked for the three individuals in the line above, determine the average completion time and enter it on line 6 of the application.
7. List how the contact hours are tracked. Include the answer to the following questions in your response.
 - (a) How does it track the time for each person registered?
 - (b) How long did it take each person to complete the course?
8. List the specific SECURITY procedures. Include the answer to the following questions in your response.
 - (a) Is there a person registered who will proctor the student taking the course?
 - (b) Is there an automated way for this to be tracked? If so, how? Be specific
9. Specify individual MONITORING procedures. Include the answer to the following questions in your response.
 - (a) Who will track the CECs?
 - (b) How will this tracking be done?
10. Address the following:
 - (a) What are the testing procedures?
 - (b) Are there any time limits?
 - (c) Are there any retake limits?
 - (d) Is the course is proctored?
 - (e) Where is the test taken?
 - (f) Can quizzes be taken before training is complete?

11. A training designer is an individual or group responsible for training content of the course. For this application, you must attach a copy of the resume of each training designer. Make sure the resumes contain job title, degree(s), and work experience applicable to the subject matter of this product.
12. Include a detailed listing of all products that come with or are referred to in the alternative training course package. For example, for this question you may list manuals, outlines, software, etc.
13. If approved in other states, attach a list of all state certification agencies that have approved this course for credit. For each state listed, provide a contact person for each agency as well as how many credits were awarded.
14. Enter the total fee that will be charged for this alternative training course.
15. List any prerequisites for taking this course. Use the following list as an example:
 - a. Computer Hardware Required (i.e. 486 or above, 64 MB Ram, 32 MB Hard Disk Space)
 - b. Experience (i.e. Computer Knowledge)
 - c. Education
16. Check all levels of operator that the program is applicable using the definitions of system types below:

(Inform Operators at registration which types of certifications will receive CEC's).

 - a) Water Distribution—portion of the water supply system that conveys water from the water treatment plant or other supply source to the premises of the consumer and that is part of a community water system or a nontransient noncommunity water system.
 - b) Water Treatment—portion of the water supply that alters either the physical, chemical, or bacteriological quality of the water and renders it safe and palatable for human use.
 - c) Well Water Supply—system of pipes, structures, and facilities through which water is obtained, treated, sold, distributed, or otherwise offered to the public for household use or use by humans.
 - d) Wastewater Treatment Plant—(a) a facility that is designed to remove solids to remove solids, bacteria, or other harmful constituents of sewage, industrial wastes, or other wastes; and (b) is part of either an industrial waste discharge system or a public sewage system.
 - e) Wastewater Lagoon—system that aerates lagoons or lagoons not using artificial aeration.
 - f) All Levels of Certified Operators—Course is applicable to all of the above system operator types.
17. A dual CEC course designation is applicable only to courses that pertain to **both** water and wastewater fields. If you check yes on the form, please list your reasoning. For example, if a program were designed solely for water, it would not be dual course, thus you would check “No” on the application.

18. This section contains contact information for the person responsible for verifying course completion. This person will sign certificates and/or other forms to verify course completion. If an exam is required to pass, then this individual must verify the exam was taken. If any changes occur on the course, it is this person's responsibility to inform the Department of Environmental Quality.

Application Checklist

Before sending your application, use the following checklist to verify all required materials are included:

- ☐ Completed Application for Approval of Alternative Training Products including all contact information.
- ☐ Table of Contents and Brief Summary of the Training Product as required from application number (4)
- ☐ Resumes of Training Designers as detailed in application requirement number (11)
- ☐ If your answer was *yes* on number (13) on the application, a listing of all state certification agencies which have approved this course and other required information.

Please make sure all the above information is included in the application. If the application is not complete with the information it will be send back requesting the application be fully completed.